

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
PURCHASE/SERVICE/STOCK REQUISITION

BPA and Call No. _____

REQUISITION NUMBER

OFFICE CODE/SYMBOL

TO	REQUEST FOR <input type="checkbox"/> PURCHASE <input type="checkbox"/> SERVICE <input type="checkbox"/> STOCK ISSUE <input type="checkbox"/> RENTAL/LEASE		
REQUESTING ORGANIZATION	CUSTODIAL AREA	DATE	OBJECT CLASS
FOR REFERENCE CALL	EXTENSION	APPROPRIATION	
DELIVER TO		CAN	
		DATE REQUIRED	

ITEM NO.	DESCRIPTION (INCLUDE STOCK NUMBER, MODEL/PART NO., ETC.)	QUANTITY REQUIRED	UNIT OF ISSUE	COST	
				UNIT	TOTAL

I certify that the property/services requested are required for Government business, and are not available from excess or current assets.*

FUNDS AVAILABLE (Signature/Title)

DATE

TOTAL

REQUESTED BY (Signature/Title)*

DATE

RECEIVING OFFICIAL - I certify that the quantities indicated in the "Quantity Required" column above have been received in total or as annotated.

RECOMMEND APPROVAL (Signature/Title)*

DATE

RECEIVING OFFICIAL (Signature/Title)

DATE

APPROVED BY (Signature/Title)*

DATE

ORDER NO. (PO, DO, FEDSTRIP, ETC.)

ORDER DATE

PROPERTY MANAGEMENT OFFICER (Signature)*

DATE

VOUCHER NO.

VOUCHER DATE